

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

WITHDRAWAL OF CLAIM

Debtor Name and Case Number:	<input type="checkbox"/> Motors Liquidation Company, Case No. 09-50026 <input type="checkbox"/> MLC of Harlem, Inc., Case No. 09-13558 <input type="checkbox"/> MLCS, LLC, Case No. 09-50027 <input type="checkbox"/> MLCS Distribution Corporation, Case No. 09-50028 <input type="checkbox"/> Remediation and Liability Management Company, Inc., Case No. 09-50029 <input type="checkbox"/> Environmental Corporate Remediation Company, Inc., Case No. 09-50030
Creditor Name and Address:	KALKREUTH ROOFING & SHEET METAL INC 41 40TH ST WHEELING, WV, 26003
Claim Number (if known):	4307
Date Claim Filed:	10/02/2009
Total Amount of Claim Filed:	\$24,532.07

I, the undersigned, am the above-referenced creditor, or an authorized signatory for the above-referenced creditor. I hereby withdraw the above-referenced claim and authorize the Clerk of this Court, or their duly appointed Claims Agent, to reflect this withdrawal on the official claims register for the above-referenced Debtor.

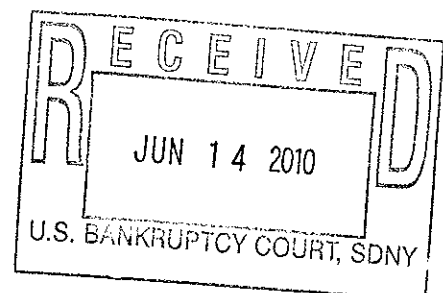
Dated: 6/10/10

*Karen Bowman*

Print Name: Karen Bowman

Title (if applicable): Credit Mgr.

DEFINITIONS



***Debtor***

The person, corporation or other entity that has filed a bankruptcy case is called the debtor.

***Creditor***

A creditor is any person, corporation, or other entity to which the debtor owed a debt.

***Proof of Claim***

A form filed with the clerk of the bankruptcy court where the bankruptcy case was filed, to tell the bankruptcy court how much the debtor owed a creditor (the amount of the creditor's claim).

**ITEMS TO BE COMPLETED ON THIS WITHDRAWAL OF CLAIM**

***Court, Name of Debtor and Case Number:***

Fill in the name of the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case form the court, all of this information is near the top of the notice.

***Information about Creditor:***

Complete the section giving the name and address of the creditor that was listed on the previously filed Proof of Claim form.

***Information identifying the Claim that is to be withdrawn:***

Complete the section giving the court claim number, date claim was filed and total amount of claim filed to help identify the claim that is to be withdrawn.

Sign and print the name and title, if any, of the creditor or other person authorized to file this withdrawal of claim (attach copy of power of attorney, if any).

This form must be filed with the clerk of the Bankruptcy Court for the Southern District of New York. Filing may be accomplished by mailing this form to Clerk, United States Bankruptcy Court for the Southern District of New York, One Bowling Green, New York, NY 10004-1408. Alternatively, attorneys with an ECF password may file this form electronically. A copy of the form should also be sent to Motors Liquidation Company c/o AlixPartners, Attn: Tim Neis, 500 Renaissance Center, Suite 1400, Detroit, MI 48243, or via email to [RLosier@alixpartners.com](mailto:RLosier@alixpartners.com), or via facsimile to 313-486-4258.

**Kalkreuth**

ROOFING & SHEET  
METAL, INC.

LETTER OF TRANSMITTAL

PO Drawer 6399  
41-40th Street  
Wheeling, WV 26003  
[kbowman@krsm.net](mailto:kbowman@krsm.net)  
304-232-8540  
Fax 304-232-4023

To: Clerk, US Bankruptcy Court for the S. Dist. Of NY  
One Bowling Green  
New York, NY 10004-1408

Attn: RE: General Motors bankruptcy  
Carrier Service: USPS

Job #

Trans #:  
Date: June 10, 2010

**We are sending you:**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Attached | <input type="checkbox"/> Under Separate Cover | <input type="checkbox"/> Copy of Letter |
| <input type="checkbox"/> Samples             | <input type="checkbox"/> Prints               | <input type="checkbox"/> Other:         |
| <input type="checkbox"/> Specifications      | <input type="checkbox"/> Change Order         |   |
| <input type="checkbox"/> Shop Drawings       | <input type="checkbox"/> Plans                |   |

COPIES	NUMBER	DESCRIPTION
	1	original withdrawal of claim

**These are transmitted as checked below:**

- |  |   |   |                         |
|--|---|---|-------------------------|
| <input type="checkbox"/> For Approval            | <input type="checkbox"/> Approved as Submitted    | <input type="checkbox"/> Resubmit                         | Copies for Approval     |
| <input checked="" type="checkbox"/> For Your Use | <input type="checkbox"/> Approved as Noted        | <input type="checkbox"/> Submit                           | Copies for Distribution |
| <input type="checkbox"/> As Requested            | <input type="checkbox"/> Returned for Corrections | <input type="checkbox"/> Return                           | Corrected Prints        |
| <input type="checkbox"/> For Review & Comment    | <input type="checkbox"/> Other:                   | <input type="checkbox"/> Prints Returned After Loan to Us |                         |
| <input type="checkbox"/> For Bids Due:           |   |   |                         |

**Remarks:**

**Copy To:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> File: Pending        | <input type="checkbox"/> File: PO           | <input type="checkbox"/> Other: Billing |
| <input type="checkbox"/> File: Approved       | <input type="checkbox"/> File: Change Order |   |
| <input type="checkbox"/> File: Contract       |   |   |
| <input type="checkbox"/> File: Correspondence |   |   |

**Signed:**

Karen Bowman  
Collection Administrator